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PTO/SB/01 (12/97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐

Declaration
Submitted with
Initial Filing

☒

Declaration Submitted
after Initial Filing
(surcharge (37 CFR 1.16 (e))
required)

Attorney Docket Number 85934.000008

First Named Inventor Hofmann, Knut

COMPLETE IF KNOWN

Application Number 09/937,083

Filing Date March 21, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SHAPED SEAL FOR SEALING A POWER-OPERATED CLOSING DEVICE

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

March 21, 2000

As United States Application Number or PCT International

Application Number 09/937,083 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PCT/E00/02501	PCT	March 21, 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DE 199 13105.8	Germany	March 23, 1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/>
		Additional provisional application numbers are listed on a supplemental priority data sheet Patent and Trademark Office/SB/02B attached hereto

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DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365© of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP00/02501	03/21/00	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office-SB/02B attached

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

☒ Customer Number 23387
OR
☐ Registered practitioner(s) name/registration number listed below



Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 23387 OR ☐ Correspondence address below



Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: Knut Hofmann ☐ A Petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

KnutHofmann

Inventor's Signature					Date		
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Post Office Address							
City	88239 Wangen	State		ZIP	88239	Country	Germany

☐ Additional inventors are being named on the Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office/SB/02A attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Bernd				Westerhoff			
Inventor's Signature						Date	
Residence: City	88085 Langenargen	State		Country	Germany DEX	Citizenship	German
Post Office Address	Karl-Casper-Strasse 5						
Post Office Address							
City	88085 Langenargen	State		ZIP	88085	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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